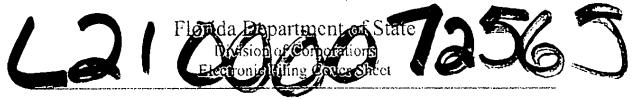
3/15/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000109343 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (350)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I22000000146 : (305)444-4994 Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH AMERICAN CREDIT CONSULTANTS LLC

parations design to the context and the contex	
Certificate of Status	()
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ö

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

th American Credit Considered Limited The Articles of Organization for this Limited Liability Company were filed on  $\mathcal{DZ}$ Florida document number <u>L21000</u>0725 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne@tenistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cin

## New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

From: Yanet Avila

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member		÷	
Title	Name	Address	Type of Action
Ambr Maya Magno	Maya Magno	Brodesten Fr. 54 203	
			CiChange
			©Add
			□Remove
			O'Change
		L_Add	
			□Remove
			Change
			□Add
			CRemove
		±	iDChinge
		□Add	
			CIRemove
			Change
			ClAdd
			©Remov <del>e</del>
			Change

From: Yanet Avila

. It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	· •
_	
_	
-	
_	
_	
p-14-0-0	
Note: [	te date, if other than the date of filing:  (optional)  tive date is lined, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he reverd ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	March 17. 2021.
	Signature of a manifest of authorized representative of a member
	Waya Magnu